

Pioneers in the Field: Rena Nora, M.D.

Each issue of the NCPG National News will feature an interview by Executive Director Keith Whyte with a pioneer in the problem gambling field. We hope these profiles will help capture the extraordinary depth of knowledge, compassion and volunteerism that characterizes those involved with the National Council on Problem Gambling. It is also important to reflect on our past and assess current activities in light of our history in order to best fulfill our mission as the national advocates for programs and services to assist problem gamblers and their families.



Rena Nora, M.D., is the recipient of the 2005 NCPG Herman Goldman Award for outstanding lifetime achievement in the field of problem gambling. She has been a Board Director of the National Council for Problem Gambling and the Nevada Council on Problem Gambling. She has over 25 years of “hands on” treatment of problem gamblers and their families, previously in the New Jersey area until her relocation to Las Vegas. Dr. Nora’s background include holding positions of high responsibility as Chief of Psychiatry at Lyons VAMC (1975–1994) and the Southern Nevada Healthcare System (1995–2004). She is credited for establishing the first Certification Board for Gambling Counselors in New Jersey in 1981. She is currently the Director of the VA Intensive Outpatient Program for Problem Gambling in Las Vegas. She is also a Commissioner on the Governor’s Commission on Mental Health and Developmental Services as well as member of the Board of Examiners for Alcohol, Drug and Gambling Counselors. Dr. Nora is Clinical Professor of Psychiatry at the University of Nevada School of Medicine. She has been President of Nevada Psychiatric Association, New Jersey Psychiatric Association, Nevada chapter of the American Foundation for Suicide Prevention and many other professional and community organizations. Dr. Nora has been able to blend her roles as clinician, teacher, researcher, administrator, community leader and considers her family as her greatest blessing. She is married to Dr. Demetrio Nora, a retired radiologist and has three children, Yvette, a production manager in a medical publishing company, Dean, a surgeon, and Judge Cheryl Moss.

Q: How did you get involved in problem gambling?

A: I would say “by serendipity.” Way back around 1979, Dr. Robert Custer, the “ultimate pioneer” in the field of problem gambling, visited Lyons VA Medical Center in New Jersey. I was then Chief of Psychiatry at that 700-bed psychiatric facility with a full array of inpatient and outpatient services. Dr. Custer did not ask me (he told me) I should consider establishing a program for problem gamblers. It was the year the diagnosis of Pathological Gambling became officially included in the DSM III Manual. It was also the first year of operation of legalized gambling in Atlantic City. Sure enough, Dr. Custer’s prediction for the need of a specialized program was validated when veterans with gambling problems started to come for help as true psychiatric emergencies, many suicidal and their personal and professional lives devastated. They were initially admitted to the alcohol and drug treatment unit, but it did not take long for me to observe that they really needed gambling-specific services and treatment approaches. In 1981, in spite of budget and staffing constraints, the Lyons VAMC Inpatient Unit for Pathological Gamblers was established as the first

specialized program in the Northeast. In addition to my administrative role, I started and maintained a steady caseload of problem gamblers. I also collaborated in research in the field with colleagues at Rutgers University School of Medicine and Mount Sinai Hospital in New York. Working closely with patients and their families and having the support and encouragement of my friends in Gamblers Anonymous and GamAnon paved the way for a lifelong commitment to this patient population.

Q: How did you get involved with the National Council?

A: In 1980, I was invited to my first meeting with the National Council on Compulsive Gambling (this was later changed to Problem Gambling) by Msgr. Joseph Dunne and Arnie Wexler. The Council was going through the early formative years and looking back, I cannot believe how I managed to drive and negotiate the traffic via the Lincoln Tunnel or Washington Bridge to participate in the meetings alternating between New York and New Jersey. It was exciting to be part of the making of history. Discussions on strategies for prevention and public education, working with the Gaming Commission, Board Certification of Gambling Counselors, development of resource directories and program planning for conferences were tackled “from the seat of our pants” since we were breaking new grounds. It was amazing how we did so much on a “shoe string” budget. I must confess we did borrow concepts from the alcohol and drug fields.

Q: How has the problem gambling field developed since you started?

A: Starting out as an “orphan” specialty, the evolution of this field through the years has been influenced by scientific, political, social, economic and academic winds of change. Increased access and availability of sophisticated forms of gambling also increase the numbers of vulnerable individuals. The “medicalization” of problem gambling has enhanced our efforts to call attention to problem gambling as a major public health issue and to encourage high-risk individuals to seek help. More emphasis on research and embracing of evidence-based practice do not only enhance or clinical practice; these also facilitate efforts in obtaining funding support for programs and services to our communities. I am very encouraged by the increasing collaboration, involvement and interest of the gaming industry, the legislators, educators, the health care providers, the consumers and other stakeholders to prevent and deal with the negative consequences of problem.

Q: What are some of highlights of the last 10 years?

A: Looking back, I have always felt fortunate to be at the right place at the right time with the right circumstances and the right connections. Although we cannot yet claim a “cure” for pathological gambling, certainly we can “manage” the illness. The following highlights of the past decade relating to pathological gambling give cause for optimism: a) more relevant demographic and clinical research, b) growth and national recognition of NCPG and its increased number

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